

Office of Administration
Commissioner's Office

"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**

Contractor: AFCC LFCS

Subcontractor: LFCS

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name [REDACTED] Date Enrolled 7-8-16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
6-12-17	Car payment	190.08	No other services available, client needs vehicle to find & maintain employment
Amt to be reimbursed			

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov. by the Contractor only!

Thank you.

Authorized person requesting purchase: [Signature]

Approved for purchase: Emily Kraft Date 6/1/17

Purchase denied: _____ Date _____

Reason for denying purchase: _____

contacted united way, salvation army, community action agency, \$ Urban League, \$ Goodwill.

20

MAY 19 - 17

CREDIT ACCEPTANCE CORP
P O BOX 551888
DETROIT MI 48255-1888

PAYMT NO.

20

ACCOUNT NUMBER

PAYMENT DUE - IF RECEIVED ON OR BEFORE

\$190.08

MAY 19, 2017

Mail Payment to:

CREDIT ACCEPTANCE CORP
P O BOX 551888
DETROIT MI 48255-1888

Address/Phone Change?

Street Address: _____

City, State, ZIP: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

☐ Mailing Address

☐ Physical Address